

Citation for published version:

Chappell, F, Crampton, R, Miles, R & Rogers, P 2009, 'Exploring the views of community pharmacists and potential patients on the reclassification of azithromycin from POM to P for the treatment of chlamydial infection', *International Journal of Pharmacy Practice*, vol. 17, no. Supplement 2, pp. B6-B7.
<https://doi.org/10.1211/096176709789037119>

DOI:

[10.1211/096176709789037119](https://doi.org/10.1211/096176709789037119)

Publication date:

2009

Document Version

Peer reviewed version

[Link to publication](#)

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Exploring the views of community pharmacists and potential patients on the reclassification of azithromycin from POM to P for the treatment of chlamydial infection

Focal Points

- A study has been undertaken to look at the implications of the reclassification of azithromycin for community pharmacists; and the potential impact on a University population as a proxy for potential future patients requiring treatment.
- A majority of those individuals surveyed would use a pharmacy as a source of information, testing and product supply for any future chlamydia treatment, although there are concerns about privacy.
- Pharmacists appear sceptical about the cost of OTC testing and treatment, and consider costs prohibitive for those under 25.

Introduction

Chlamydia is the most common sexually transmitted infection in the UK, with the highest rates of infection in under 25s.¹ Consequences include pelvic inflammatory disease and infertility in women. Azithromycin became available as a P medicine in November 2008 for the treatment of uncomplicated chlamydia infection in individuals aged over 16. Aims of this study were to explore the implications of reclassification for community pharmacists, and to assess how potential patients might view pharmacy sale as a source of treatment.

Methods

University ethics approval was received in October 2008; NHS ethics approval was not required. The study took place during November and December 2008. Three study groups were used: (1) a sample of 500 pharmacists in charge of community pharmacies randomly selected from the RPSGB's register of premises each receiving a postal questionnaire with a reminder sent to non-respondents after two weeks, (2) students (n=12770) and staff (n=2700) at the University of Bath invited to participate in an anonymous online survey using SurveyMonkey, and (3) two focus groups of practising pharmacists to provide interpretation of emerging themes. SPSS v16 was used to analyse questionnaire data. Focus groups were recorded, transcribed verbatim and themes identified.

Results

230 pharmacist responses were received (46% response). Majorities felt that reclassification would increase public awareness of chlamydia (176, 78%); was positive for community pharmacists (197, 87%); that convenience (90%) and rapid access (73%) would encourage patients to use pharmacies. Pharmacists who had worked with a PGD for chlamydia were more likely to feel confident counselling

patients on sexual health issues (Mann Whitney $U=2971.5$, $p<0.005$), as were those who had undertaken any postgraduate training in sexual health ($U=5371.5$, $p<0.05$).

981 online responses were received from students and staff: 625 (64%) were female, 342 (35%) were male; 431 (45%) were aged 16-20, 305 (32%) 21-24 and 217 (23%) 25 or over; 195/894 (22%) had previously attended a genitourinary medicine (GUM) clinic. The majority (91%) were aware of chlamydia, with higher awareness in females (584/623, 94%) than males (298/342, 87%) ($\chi^2=12.3$, $df=1$, $p<0.001$). Pharmacies were seen as a very convenient (432, 49%) or convenient (328, 37%) location to access treatment. Females appeared more confidence in the pharmacist's ability to provide treatment and information ($U=74874$, $p<0.01$). 360 respondents (41%) would not feel comfortable attending a pharmacy for sexual health information, testing and treatment, although 563/874 responding (64%) said they would use a pharmacy service; this increases to 72% of those who had previously visited a GUM clinic ($\chi^2=6.6$, $df=1$, $p<0.05$). There was a preference among females who had previously visited a GUM clinic to access future treatment from a pharmacy as opposed to other sources ($\chi^2=12.5$, $df=3$, $p<0.01$); this was not shown in males. Pharmacy treatment costs appear to be an issue with 81% willing to pay a maximum of up to £20 for treatment.

Themes from pharmacist focus groups included increased workload and time constraints if providing a new service, and prohibitive treatment costs for those under 25.

Conclusion

This study illustrates implications for the provision of chlamydia treatment via pharmacies. A University population is not generalisable to the whole population but does contain individuals for whom access to chlamydia treatment is important. The majority of this population would use a pharmacy service but may not feel at ease due to issues of privacy; those who had visited a GUM clinic and have been patients were more positive. Pharmacists felt that individuals aged 25-40 who are employed full time would be those most likely to purchase treatment from a pharmacy.

References

1. Pharmacy in England: building on strengths-delivering the future. Department of Health, 2008.